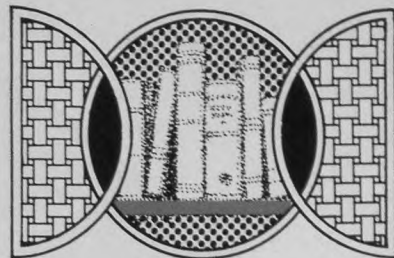


# Book Reviews



**TEDRAL®/TEDRAL® SA Sustained Action**  
**CAUTION:** Federal law prohibits dispensing Tedral SA without prescription.

**Description:** Tedral: each tablet contains 130 mg theophylline, 24 mg ephedrine hydrochloride, and 8 mg phenobarbital.

Tedral SA: each tablet of Tedral SA contains 180 mg anhydrous theophylline (90 mg in the immediate release layer and 90 mg in the sustained release layer); 48 mg ephedrine hydrochloride (16 mg in the immediate release layer and 32 mg in the sustained release layer); 25 mg phenobarbital in the immediate release layer.

**Indications:** Tedral and Tedral SA are indicated for the symptomatic relief of bronchial asthma, asthmatic bronchitis, and other bronchospastic disorders. They may also be used prophylactically to abort or minimize asthmatic attacks and are of value in managing occasional, seasonal, or perennial asthma.

Tedral SA (Sustained Action) offers the convenience of b.i.d. dosage.

These Tedral formulations are adjuncts in the total management of the asthmatic patient. Acute or severe asthmatic attacks may necessitate supplemental therapy with other drugs by inhalation or other parenteral routes.

**Contraindications:** Sensitivity to any of the ingredients; porphyria.

**Warning:** Drowsiness may occur.

**PHENOBARBITAL MAY BE HABIT-FORMING.**

**Precautions:** Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, prostatic hypertrophy, or glaucoma.

**Adverse Reactions:** Mild epigastric distress, palpitation, tremulousness, insomnia, difficulty of micturition, and CNS stimulation have been reported.

**Dosage:** Tedral: *Adults*—(average prophylactic or therapeutic dosage)—one or two tablets every 4 hours. With the one-tablet dose, an additional tablet may be taken at onset of symptoms, but dosage should not exceed two tablets in any 4-hour period. *Children* over 60 lb—one-half the adult dose.

Tedral SA: *Adults*—(average prophylactic or therapeutic dosage)—one tablet upon arising and one tablet 12 hours later. Tablets should not be chewed.

*Dosage in children under 12* is not recommended because usage has not been established.

**Supplied:** Tedral: White, uncoated, scored tablets in bottles of 24 (N 0047-0230-24), 100 (N 0047-0230-51) and 1000 (N 0047-0230-60). Also in unit dose—package of 10 x 10 strips (N 0047-0230-11).

Tedral SA: Double-layered, uncoated, coral/mottled white tablets in bottles of 100 (N 0047-0231-51) and 1000 (N 0047-0231-60). Also in unit dose—package of 10 x 10 strips (N 0047-0231-11). STORE BETWEEN 59° and 86° F (15° and 30° C).

T-GP-61-4/c

Full information is available on request.

**WC** WARNER/CHILCOTT  
Division, Warner-Lambert Company  
Morris Plains, New Jersey 07950

**A Short Textbook of Venereology.** R. D. Catterall. J. B. Lippincott Company, Philadelphia, 1975, 214 pp., \$9.75.

This 200-page paperback on venereal disease is primarily written for medical students, and is intended for ready pocket reference when studying or working with venereology. It is a rather concise, and fairly up-to-date treatise on the venereal diseases, giving an overview of the epidemiology as well as individually discussing the etiology, pathology, signs and symptoms, and treatment of each disease in short form. The text primarily deals with syphilis, devoting six of its 14 chapters to this great disease, but there are also excellent chapters on non-specific genital infection, fungal infections of the genital tract, trichomoniasis, and gonorrhea. There is also a chapter entitled "Examination of Patients for Venereal Disease." Each chapter is followed by an itemized summary. The items included are pertinent to the chapter, but on many occasions the summary fails to include facts from the chapter that would make a more complete synopsis of the disease. Nevertheless, the summaries are useful for quick reference.

The book is intended as temporary, to be eventually replaced by an updated edition. I feel it would be very useful for family practitioners as well as medical students, interns, residents, nurses, and workers in community and social medicine. The book is not hard to read, but it is written by an Englishman and the presentation is British. The illustrations are graphic but helpful. The book is valuable in that it accomplishes the author's purpose and is so readily available for use. I recommend it for the family practitioner's office and library.

Horace Stevens, MD  
Riverside, California

**Management of High-Risk Pregnancy and Intensive Care of the Neonate (3rd Edition).** S. Gorham Babson, Ralph C. Benson, Martin L. Pernoll, et al. The C.V. Mosby Company, St. Louis, Missouri, 1975, 316 pp., \$16.50.

This book is a third edition, the first two having been published in 1966 and 1971. The new edition continues the precise, rather dogmatic outline form of previous editions, but makes some refreshing and rather innovative changes. New chapters relating to regionalization of perinatal care, transport techniques, identification of the fetus at risk, criteria for referral to specialized centers, and feeding of neonates at high risk have been added.

The volume is sturdy and well constructed. It is less than an inch thick, making it easy to hold, carry, and store. Metric conversion tables are placed on the inside front and back covers. The table of contents and index are easy to use. There is an appendix which contains a wealth of useful information, eg, definitions and terms, perinatal record forms, drug dosages.

This book was apparently written to assist the generalist physician, the obstetric and neonatal nurse, and other health professionals concerned with perinatal problems. The style and approach is that of a quick-reference manual. It is in outline form with only the basic, essential facts presented. There is no room in this text for rhetoric or alternate opinions. There are, of course, ample references cited so that the reader can examine the sources of the information.

The value of this tool depends on the wisdom with which it is used. The fledgling physician should not read this book and assume he is prepared to manage high-risk pregnancies and neonates. Nevertheless, this book can be

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# NEOSPORIN®

## Ophthalmic Solution Sterile

Polymyxin B-Neomycin-Gramicidin

Each cc contains: Aerosporin® brand Polymyxin B Sulfate 5,000 Units; neomycin sulfate 2.5 mg (equivalent to 1.75 mg neomycin base); gramicidin 0.025 mg. Vehicle contains alcohol 0.5%, thimerosal (preservative) 0.001% and the inactive ingredients propylene glycol, polyoxyethylene polyoxypropylene compound, sodium chloride and purified water.

# NEOSPORIN®

## Ointment Ophthalmic Sterile

Polymyxin B-Bacitracin-Neomycin

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 Units; zinc bacitracin 400 Units; neomycin sulfate 5 mg (equivalent to 3.5 mg neomycin base); special white petrolatum qs.

### CONTRAINDICATIONS:

This product is contraindicated in those persons who have shown sensitivity to any of its components.

### WARNINGS:

Prolonged use may result in overgrowth of nonsusceptible organisms. Ophthalmic Ointment may retard corneal healing.

### PRECAUTIONS:


Culture and susceptibility testing should be performed during treatment.

Allergic cross-reactions may occur which could prevent the use of any or all of the following antibiotics for the treatment of future infections: kanamycin, paromomycin, streptomycin, and possibly gentamicin.

### ADVERSE REACTIONS:

Neomycin is a not uncommon cutaneous sensitizer. Articles in the current literature indicate an increase in the prevalence of persons allergic to neomycin. Complete literature available on request from Professional Services Dept. PML.

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 Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

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of significant value to physicians and nurses in small community hospitals who need the reassurance of a rather authoritarian, factual set of guidelines to assist them in decision-making.

The addition of the new chapters addressing some of the very important nontechnical issues relating to perinatal care should be applauded. These chapters can be very helpful to professionals who practice in relatively rural and remote geographic areas. The authors obviously recognize that a large proportion of perinatal care is delivered in small, rather isolated community hospitals. It is important and extremely relevant to address the problems faced by those professionals who do not have immediate access to the highly sophisticated resources of academic health centers.

A nagging concern about this book is the possibility of technical errors. An example is the recommendation that the urine be alkalinized in urinary tract infections complicating pregnancy. Many consultants in obstetrics and urology disagree vigorously with this advice. This is surely not the only error in the book. When a book is presented as a manual for quick reference, it must be exquisitely accurate. In addition, rapid changes in basic concepts may quickly outdate the book.

In general, this publication could be quite valuable if it is used correctly and in the appropriate context. However, there is no way to control or regulate how books are used — Thank God!

Paul R. Young, MD  
University of Nebraska  
Omaha

**Genetic Screening: Programs, Principles, and Research.** *Committee for the Study of Inborn Errors of Metabolism, National Research Council. National Academy of Sciences, Washington, DC, 1975, 388 pp., \$6.00.*

Medical screening and its appropriate use are subjects of much debate. Genetic screening is even more controversial. The information in this text has obviously been derived by a large group of experts, although the uniformity of style suggests careful rewriting and editing by a single

author. Written primarily for preventive medicine specialists, it is intended also for other health professionals, economists, social scientists, lawyers, educators, and policy-makers. Amazingly, it succeeds in providing information of interest to all its proposed readers. The individual chapters discuss widely different aspects of genetic screening. Thus, they may be read as separate bodies of knowledge by the significantly different members of the proposed readership. The appendices are useful adjuncts to the body of the text.

Despite the worthwhile subject with its broad relevance to many aspects of society, this book is unlikely to be read by many family physicians. However, family physicians or other specialists who wish to establish a genetic screening program or clinic should study this book carefully. Students and teachers of genetics will find a clearcut outline of the multiple facets of genetics.

One disconcerting element in this book is the occasional sociopolitical comment, expressed as an advocacy of federal support for genetic research and criticism of organized medicine for its failure to accept responsibility for genetic screening. Finally, there is an evangelical tone, but this may be appropriate.

T. Eugene Temple, Jr., MD  
Riverside Hospital  
Newport News, Virginia

**Synopsis of Ophthalmology (4th Edition).** *William H. Havener. The C.V. Mosby Company, St. Louis, Missouri, 1975, 568 pp., \$13.50.*

This outstanding review essentially proves the author's statement that the eye is the most important square inch of the body surface. The book is directed at all doctors entrusted with the care of the eye, and especially the primary care physician. The author has successfully endeavored to present the basics of ophthalmology from a practical viewpoint. Many simple yet superb diagrams assist in both the comprehension and interpretation of funduscopic abnormalities. Every student, house officer, and family doctor would benefit greatly from this aspect of the book alone.

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The text is well organized, concise, and easily assimilated; it can be read with minimal reader fatigue. Each chapter is a high quality, conclusive discussion of a given topic containing only pertinent, usable detail. Of special interest is the emphasis placed on the history taking and the meaning of eye symptoms which are discussed in Chapters 1 and 2; the information here is most practical. Numerous black and white photographs are incorporated in the text and, although helpful in demonstrating the subject matter, they tend to be small and of only moderate clarity. An extensive glossary is provided along with a very usable index. Considering the book's relatively low price, it is a must for any physician involved in primary care and the welfare of the human eye.

Joseph F. Mambu, MD  
Ronald G. Blankenbaker, MD  
Methodist Hospital  
Graduate Medical Center  
Indianapolis, Indiana

**Risks in the Practice of Modern Obstetrics (2nd Edition).** Edited by Silvio Aladjem. The C.V. Mosby Company, St. Louis, 1975, 425 pp., \$41.50.

This multidisciplinary obstetrical textbook is based on the premise that every pregnancy is a potential high-risk situation and, furthermore, that it is not always possible to predict fetal or maternal jeopardy in advance. The editor, therefore, has attempted to outline every possible obstetrical risk from the viewpoint of the various medical disciplines involved in maternal, fetal, and newborn care.

Despite the apparent negative approach, the book is a veritable storehouse of up-to-date information on modern obstetrical technique, encompassing such fields as fetal monitoring, prenatal diagnostic and therapeutic procedures, the induction of labor, abortions, and infertility. There is some of the unevenness often inherent in works by multiple authors, but most of the chapters are easy to read and well organized. The chapter on prostaglandins is excellent, and there is a thought-provoking section on the

legal and ethical aspects of obstetrics which deals with many of the problems encountered in abortion on demand, genetic evaluation, and other problems engendered by medical progress. Inasmuch as this is not a manual of mechanical obstetrics, this text will not supplant standard obstetrical textbooks. It should be valuable for all clinicians involved in the care of the pregnant patient and the newborn, including family physicians with an interest in this field.

Herbert L. Tindall, MD  
Lancaster, Pennsylvania

**Plaster Casting.** Phillip I. Salib. Appleton-Century-Crofts, New York, 1975, 119 pp., \$9.95.

This is an excellent little book! Recognizing that there are not sufficient written sources of information on the technique of plaster casting, especially for the beginner, the author has presented a short text full of practical and useful information on the subject. This is not a reference work and does not attempt to deal with treatment for a particular case. It is a book that can be easily read from cover to cover in a few hours.

Beginning with a brief history of casting and casting materials, the author proceeds to discuss the basics of casting technique. From the point of correct preparation of the surgeon, the work area, and the patient, to applying the wet plaster, to cutting off the cast, the information provided is useful and clearly stated. Helpful hints and reminders are found throughout. Drawings and pictures are liberally used to illustrate the technique and instruments described in the text. Included are chapters on various forms of casts and reinforced casts. There are short chapters on complications of casts and cast removal.

An experienced technician would be familiar with most of the techniques described in this text. However, this is an excellent book on "how to" for the medical student or resident.

Jim L. Wilson, MD  
University of Iowa  
Iowa City

# HYCOMINE® SYRUP III

**DESCRIPTION** Each teaspoonful (5 ml) contains:

Hydrocodone bitartrate ..... 5 mg  
**WARNING:** May be habit forming.  
Phenylpropanolamine  
hydrochloride ..... 25 mg

**USUAL ADULT DOSE** 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

**ACTIONS** Hydrocodone bitartrate is an effective semisynthetic narcotic antitussive. Phenylpropanolamine is a sympathomimetic amine which provides nasal decongestion.

**INDICATIONS** To control cough and to provide symptomatic relief of congestion in the upper respiratory tract due to the common cold, pharyngitis, tracheitis, and bronchitis.

**CONTRAINDICATIONS** Hypersensitivity to any component of the drug. Should not be used in patients receiving monoamine oxidase inhibitors.

**PRECAUTIONS** Use with caution in diabetes, hyperthyroidism, hypertension, cardiovascular disease and in the aged. Since drowsiness and dizziness may occur, patients should be cautioned about driving or operating machinery.

Before prescribing antitussive medication to suppress or modify cough, it is important to ascertain that the underlying cause of the cough is identified, that modification of the cough does not increase the risk of clinical or physiologic complications, and that appropriate therapy for the primary disease is provided.

**ADVERSE REACTIONS** HYCOMINE® SYRUP is generally well tolerated. Occasional drowsiness, cardiac palpitation, dizziness, nervousness or gastrointestinal upset may occur.

**HOW SUPPLIED** As an orange-colored, fruit-flavored syrup.

**CAUTION** Federal law prohibits dispensing without prescription.

*Oral prescription where permitted by State Law.*

Endo Laboratories, Inc.  
Subsidiary of E.I. du Pont de Nemours & Co. (Inc.)  
Garden City, New York 11530

